



STATE OF MONTANA DEPARTMENT OF CORRECTIONS

REQUEST TO USE PERSONAL VEHICLE & WAIVER

.....

I, _____ (PRINT NAME), understand that the Department leases and owns vehicles for use by employees to conduct Department business. However, I request authorization to use my personal vehicle for the following reasons:

- 1) In consideration of the Department's agreement to allow me to use my personal vehicle, I agree to accept responsibility for any loss, damage, or injury to my personal vehicle that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of a law by an offender, trustee, employee or agent of the Montana Department of Corrections. ***Further, I also understand that my private insurance may not cover the business use of my vehicle.***

(Please note: employees requesting to use a personal vehicle to travel for Department business on a regular basis must obtain annual written approval from their Division Administrator and the DOC Director.)

SIGNATURE OF EMPLOYEE: _____ DATE: _____

ADMINISTRATOR NAME (PRINT):

CIRCLE ONE:

APPROVED

DENIED

SIGNATURE: _____ DATE: _____